. 990 Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public Inspection

	FUI II	e 2011 Calendar year, or tax year beginning and endi	ing		
В	Check if applicat	C Name of organization		D Employer identific	ation number
Γ	Addr	ILLINOIS LABORERS LEGISLATIVE COMMITTEE			
	Nam chan			36-40	001239
Ė	Initia		m/suite	E Telephone number	
	Term	· · · · · · · · · · · · · · · · · · ·		l — '	522-3381
	Ame	ided Ct		G Gross receipts \$	996,902.
	Appl	PARTINGETUD, ID 07/01		H(a) Is this a group re	
	pend	F Name and address of principal officer JOHN PENN		for affiliates?	Yes No
		SAME AS C ABOVE		H(b) Are all affiliates incl	
1	Tax-ex	empt status 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 3	5 27	If "No," attach a	list (see instructions)
J	Webs	te: ► N/A		H(c) Group exemption	
		forganization: Corporation Trust Association X Other ▶ POLIT	L Year o	of formation: 1995 м	State of legal domicile IL
P	<u>art l</u>	Summary			
ė	1	Briefly describe the organization's mission or most significant activities <u>UNION</u> I	PAC	FUND USED FO	OR
Governance		POLITICAL CONTRIBUTIONS			
ern	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as	sets
δ	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>5</u> 2
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	2
ξ	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990 T-line 34	-1-	7b	0.
		RECEIVED	1	Prior Year	Current Year
ą	8	Contributions and grants (Part VIII, line 1h)	الن،	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII column (A) lines 3 4 and 27 JUN 1 8 2013	S-OSC	1,068,962.	996,868.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 97d) JUN 1 8 2013		30.	34.
_	11	Other revenue (Fart VIII, Coldmin (A), lines 5, 6d, 6c, 9c, 10e, and line)	<u> </u>	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, பெறி (அடிம் 12) T		1,068,992.	996,902.
) 	13	Grants and similar amounts paid (Part IX, column (A), fines 1-3)		0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		81,046.	82,217.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
אַ כּ	b	Total fundraising expenses (Part IX, column (D), line 25)	•		k * 150° '
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,222,687.	580,128.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,303,733.	662,345.
. 6	19	Revenue less expenses Subtract line 18 from line 12		<234,741.	
SO	2		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		185,788.	520,310.
Net Assets or	21	Total liabilities (Part X, line 26)		769.	734.
	22	Net assets or fund balances Subtract line 21 from line 20		185 <u>,</u> 019.	<u>519,576.</u>
	ärt§ll				·
		alties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
tru	e, corre	ct, and complete. Declaration of proplater (ther than officer) is based on all information of which p	preparer	has any knowledge.	
		Signature of officer	_	Date	
Sig					• -
He	re	JOHN PENN, CHAIRMAN Type or print name and title		6/14/1	3
			ΤĖ	Date Check	PTIN
D		Print/Type preparer's name Preparer's signature		1/11/19 - 1	
Par		Janelle Brown Janelle Brain	16	/ /	P01383615
	parer	Firm's name		Firm's EIN ▶	
US	Only	Firm's address			
_		<u></u>		Phone no	
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)		····	X Yes No

	1990 (2011) ILLINOIS LABORERS		COMMITTEE	36-4	001239	Page
:ai	rt III Statement of Program Service Accomplis					Γ
	Check if Schedule O contains a response to any quest	tion in this Part III				
	Briefly describe the organization's mission SUPPORT & AID IN LEGISLATION &	REGULATIONS	FAVORABLE	тО тне	OBJECTI	VES
	OF THE COMMITTEE.	TOTAL TOTAL	THYORRIDED	10 11111	ODOLCII	. V 110
	Did the organization undertake any significant program service	ces during the year which	were not listed on			
	the prior Form 990 or 990-EZ?				Yes	XN
	If "Yes," describe these new services on Schedule O				[]	
	Did the organization cease conducting, or make significant c	hanges in how it conduct	s, any program servi	ces?	∟Yes	X
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishmen	to for each of its three lar			ممسمس میں ما	_
	Section 501(c)(3) and 501(c)(4) organizations and section 49-					
	others, the total expenses, and revenue, if any, for each prog		a to report the amou	int or grants ar	d allocations	10
a		cluding grants of \$)	(Revenue \$		
	SUPPORT & AID IN LEGISLATION &				OBJECTI	VES
	OF THE COMMITTEE.				<u></u>	
						
		· · · · · · · · · · · · · · · · · · ·				
						
,	(0.4)		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
,	(Code) (Expenses \$ inc	cluding grants of \$		Revenue \$		
		··				
		 .	_ 			
			.			
;	(Code) (Expenses \$ inc	cluding grants of \$)	(Revenue \$		
			-,			
				••		
						
		- 40				<u>-</u>
						
ŀ	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
_	Total program service expenses ▶					

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
'	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	L	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	,79 1,78 1,78	**, *	. '#"
	as applicable	"	3. "	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	}		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			37
لہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		l	v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	Х	X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's diability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	,		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ļ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ <u></u> -	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (2011)

132003 01-23-12

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			7.7
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3,7
04-	Schedule J	23		_X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	240		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1.4	Š.	**
	instructions for applicable filing thresholds, conditions, and exceptions)			/
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	-		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation]	
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			• • • • • • • • • • • • • • • • • • •
20	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	33	<u></u>	-21
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	000		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ - _
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2011)

Form 990 (2011) ILLINOIS LABORERS LEGISLATIVE COMMITTEE
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a_	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b_	0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?	ı	ı	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					pl.
	filed for the calendar year ending with or within the year covered by this return	2a	2	*	<	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		· ···	Ī	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
L	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		_X_
D	If "Yes," enter the name of the foreign country	A				
5а	See instructions for filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial	Accou	nts			w
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	actionS	•	5a Eh	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action?		5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit	90		
Ju	any contributions that were not tax deductible?	ine org	amzation solicit	6a	Í	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r aifts	<u>Ja</u>		
-	were not tax deductible?		3···-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				* :.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices (provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas req	uıred			
	to file Form 8282?		1	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	pt?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations			_		*
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tin	ne during the year?	_8_		
9	Sponsoring organizations maintaining donor advised funds.			,	1	
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
າວ 10	Section 501(c)(7) organizations. Enter			90_	+ -	>-2-3
	Initiation fees and capital contributions included on Part VIII, line 12	10a		5 * 5 / 1 E / 1		, ,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		EX.		13.7
11	Section 501(c)(12) organizations. Enter	100		<i>i</i> ,	on	
a	Gross income from members or shareholders	11a		4.1.		20,060
	Gross income from other sources (Do not net amounts due or paid to other sources against				Design of	84 ₀
	amounts due or received from them)	11b				٠,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O				6.	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	,			
	organization is licensed to issue qualified health plans	13b		· *****	·	
	Enter the amount of reserves on hand	13c		1 3	· '	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	2000	
				Form	990 (2011)

X

IVE COMMITTEE 36-4001239 Page response to lines 2 through 7b below, and for a "No" response Form 990 (2011) ILLINOIS LABORERS LEGISLATIVE COMMITTEE
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through

rigativis dovernance, Management, and Disclosure For each	res response to lines 2 through 7b below, and for a TNO
to line 8a, 8b, or 10b below, describe the circumstances, processes	s, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1				-%. ·	
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?				7a	ı	х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following.	Ţ.	* , * .	•	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			,	
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the fo	rm?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				```\``.		1 2,5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," d	escribe			;	
	ın Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by 11	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7					
а	The organization's CEO, Executive Director, or top management official			L	15a		Х
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				' 7	p ,	, , , -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a	*	,		*
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation			.,.,	4
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	anızatıc	n's		* 640	٠٠٠ د د د	
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	ion 501(c)(3)s	only) av	aılab	le	
	for public inspection Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest pol	licy, and	fınan	cial	
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the or	ganızatı	on 🕨	·	
	<u>SEAN STOTT - 217-522-3381</u>		.= .				
13200	1 N OLD STATE CAPITOL PLAZA, SPRINGFIELD, IL, SPRI	INGF	'IELD,]		<u> 27</u>		
01-23-					Form	990 (2011)

<u>Partivili</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

rtable nsation	(E) Reportable compensation from related	C	(D) Reportable compensation from	(C) OSITION ck more than one person is both an a director/trustee)			Pos heck	o not o x, unle	(c)	(B) Average hours per week	(A) Name and Title	
zations	organizati (W-2/1099-i	(W	the organization 2/1099-MISC)	orga	Former	Highest compensated employee	Key employee	Officer	Institutional trustee		(describe hours for related organizations in Schedule O)	
										_		1) JOHN F PENN
0.		0.	0		<u> </u>	-	├	Х	 	<u> </u>	2.00	HAIRMAN
		_	•							_,	1 00	2) CHARLES SHEMPF, JR.
0.		0.	U		-			-	+	X	1.00	RUSTEE
_		^	0				1				1 00	3) CLINT Taylor
0.		0.			-		-	-	\vdash	12	1.00	RUSTEE
0.		0.	0							١,	1.00	4) GLYN RAMAGE
		<u> </u>			_	-	+		+	1	1.00	RUSTEE 5) JOHN J REID
0.		0.	0					x		\ x	2.00	DMINISTRATOR
		•				<u> </u>		-22	†		2.00	6) SEAN STOTT
0.		n .	38,400					x			10.00	PIRECTOR
							:					20027 04 00 40

Form 990 (2011)

. 41	Section A. Officers, Directors, Ir		mple	oyee		•	High	est	T		 -			
	(A)	(B)				C)	_		(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable			imate	
		hours per week	box	ox, unless fficer and		rson	is bot	h an	compensation	compensation			ount	of
		(describe				T	T		from	from related			other	+
		hours for	direct				_		the organization	organization (W-2/1099-MI		,	oensa om the	
		related	36 Or (stee			sate	į	(W-2/1099-MISC)	(***-2/1099-1411)	30)	i	anızatı	
		organizations	truste	al tru		yee	m bei		(** 2, *********************************			_	relate	
		ın Schedule	Individual trustee or director	institutional trustee	- i	Key employee	Highest compensated employee	뉼				orga	nızatı	ons
		O)	₽ E	Instil	Officer	Key e	喜	Former						
												İ		
		İ												
											-			
												l		
						ļ .	 							
						-		_						
							ĺ		İ					
1h	Sub-total	<u> </u>	J		l		_	l	38,400.		0.	1 (5,2	1 1
	Total from continuation sheets to Part V	/II Section A							30,400.		0.	10), 4	
	Total (add lines 1b and 1c)	ii, Section A							38,400.		0.	1 (5,2	
2	Total number of individuals (including but	not limited to th	1050	liete	nd al	hove	2) W/h	00 re		000 of reportab			, , 4	<u> </u>
_	compensation from the organization		1030	iiste	o ai	JUV1	c) wi	10 16	eceived more than proc	,000 or reportab	16			C
	osmponoation from the organization.												Yes	No
3	Did the organization list any former officer	director or tri	iste	e ke	v en	nnle	N/66	ort	highest compensated a	mnlovee on	-			· *
Ŭ	line 1a? If "Yes," complete Schedule J for			o, no	y Ci	iipic	усс,	011	riigilest compensated e	inployee on		3		X
4	For any individual listed on line 1a, is the s			nmn	anes	ation	n and	i oth	her compensation from	the organization		3		****
•	and related organizations greater than \$15									tile organization		4	`	X
5	Did any person listed on line 1a receive or									idual for congoos	.	4		
Ū	rendered to the organization? If "Yes," cor							CIAL	ed organization of indiv	idual for services	<i>'</i>	5		Х
Sec	tion B. Independent Contractors	npiete denedar		UI SI	1011	pers	3011					_ 5		A_
1	Complete this table for your five highest co	ompensated in	done		nt o	onti	racto	orc t	hat recoved more than	\$100,000 of con		ation fr		
•	the organization Report compensation for										iperis	ation in	JIII	
	(A)	trie Caleridar y	cai	enui	ng v	VILIT	OI W	ici iii		year [
	Name and busines:	s address	NT/	ONE	,			ı	(B) Description of s	services	C	(C) compen		n
			TA) TAT	<u> </u>			$^{+}$			<u>_</u>			
		-						1						
		 						1		-				
								\dashv						
										j				
					-			+						
										ļ				
	Total number of independent of independent	(male reference)							L-L					
2	Total number of independent contractors		OT III	nite	u to		_	sted	above) who received n	nore than				
	\$100,000 of compensation from the organ	iization 📂					0		 					
												Form 9	190 (2	2011)

Pa	rt VIII	Statement of Rever	nue					
** * * *	* *.\$ *. J * _×	The state of the s			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a			,		,
ira	b	Membership dues	1b		-4			***
S,E	С	Fundraising events	1c		· Carrier .	*	SS Med's to	40.670
# F	d	Related organizations	1d				* *	××
S,E	е	Government grants (contribut	ions) 1e		l '*		#_ × *	4.12
Ē	f	All other contributions, gifts, gran						
the the		similar amounts not included abo	1 1		*	* * * * * * * * * * * * * * * * * * *		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
E 0	g	Noncash contributions included in lines	1a-1f \$,		** * *
Contributions, Gifts, Grants and Other Similar Amounts	, h	Total. Add lines 1a-1f		>		,	** ***	Se at \$. Set .
				Business Code			**************************************	2 ,
g,	2 a	MEMBER CONTRIBU	TIONS	900099	996,868.			
Program Service Revenue	b		_					
Se	С							
eve	d							
P. P.	е							
<u>a</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			<u>996,868.</u>	. 4	Lyan anathran and a set " "	* , **** '\$
I	3	Investment income (including	dividends, interes	est, and				
		other similar amounts)		>	34.			
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties						
			(ı) Real	(II) Personal	_	ali Minis		EXAMPLE SE
	6 a	Gross rents						
	b	Less rental expenses					> 13 - 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	С	Rental income or (loss)		<u> </u>			1,31,42	
	d	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				, &,
		assets other than inventory						** × × × × × × × × × × × × × × × × × ×
	b	Less cost or other basis					350 300	
		and sales expenses				333 May - 3		A A CONTRACTOR
	С	Gain or (loss)		<u> </u>		77.7	* , * *	*** \ 1" \38. "
1		Net gain or (loss)		> _				A 200 MOS
e l	8 a	Gross income from fundraisin	ig events (not					
en			of		A STATE OF THE STA	5 66 3 30		3-,
Ş.		contributions reported on line	1c) See					4
Other Revenue		Part IV, line 18	а				3 10	
튱		Less direct expenses	b					
		Net income or (loss) from fund			23 \	13 mi mi at 1, 12.		
	9 a	Gross income from gaming ad	ctivities See				w. regional	
		Part IV, line 19	а			7 3 ALE		
l		Less direct expenses	b	L	· · · · · · · · · · · · · · · · · · ·	\$ 30 rd "\$		
		Net income or (loss) from gan				· holds	*	ļ. <u>. </u>
	10 a	Gross sales of inventory, less	returns		****	, *******		
		and allowances	а		<u> </u>	,		
		Less cost of goods sold	b	· L	-	•		
	<u>c</u>	Net income or (loss) from sale		<u></u>		 		. 4. AMA
		Miscellaneous Revenu		Business Code	<u>:</u> I	8	* >-	A Salahan
	11 a				ļ <u> </u>			
	b				 		-	
	С				ļ		-	
	d			<u></u>	-		1	
	е	Total. Add lines 11a-11d		.	006 000		 `	-
1320	12_	Total revenue See instructions.			996,902.	<u> </u>	<u></u>	1 222
13200	วย I-12							Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in		•		
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			A.	**
	United States See Part IV, lines 15 and 16			<i>y</i> ,	
4	Benefits paid to or for members			* -	
5	Compensation of current officers, directors,				
	trustees, and key employees	54,611.	-	<u></u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		,		
_	persons described in section 4958(c)(3)(B)	15 105			
7	Other salaries and wages	15,125.			
8	Pension plan accruals and contributions (include	E 12E			
	section 401(k) and section 403(b) employer contributions)	5,435. 2,687.			
9	Other employee benefits	4,359.			<u> </u>
10	Payroll taxes Fees for services (non-employees).	4,339.	 		
11	` ' ' '				
a	Management Legal	2,584.		· · · · · · · · · · · · · · · · · · ·	
b	Accounting	2,850.			
d	Lobbying	2,050.			
e	Professional fundraising services. See Part IV, line 17			, , · ·	
f	Investment management fees				
g	Other				
12	Advertising and promotion	-			
13	Office expenses	2,399.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				ļ
22	Depreciation, depletion, and amortization	2 115			
23	Insurance	3,115.			<u> </u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)			* `	
а	POLITICAL DONATIONS	543,500.			
b		22,000.			
С		3,678.			
d		2.			
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	662,345.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			L	

Form **990** (2011)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		185,788.	2	520,310.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II	,		
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section		2000, immon 2000, accin	. ,
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing		e militar	, , , , , ,
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary	· · · · · · · · · · · · · · · · · · ·	25. Graff	** *
"		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other			,	
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	185,788.	16	520,310
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Ě	22	Payables to current and former officers, director	s, trustees, key employees,	-		
Liabilitıes		highest compensated employees, and disqualification	ed persons Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of		!	
		Schedule D		769.	25	734.
	26	Total liabilities. Add lines 17 through 25		769.	26	734.
		Organizations that follow SFAS 117, check he	ere 🕨 💹 and complete			
Ses	l	lines 27 through 29, and lines 33 and 34.			.2.4	
auc	27	Unrestricted net assets		185,019.	27	519,576
Bal	28	Temporarily restricted net assets		-	28	
Б	29	Permanently restricted net assets	The state of the s	29		
Ŧ		Organizations that do not follow SFAS 117, cl	neck here 🕨 📖 and			, ,
ğ	1	complete lines 30 through 34.		A	^^*.	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or eq	•		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	405 045	32	
	33	Total net assets or fund balances		185,019.	33	519,576.
	34	Total liabilities and net assets/fund balances		185,788.	34	520,310.

Form **990** (2011)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011)

3h

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	501(c)(4), (5), or (6) organizat	ions Complete Part III			
Name of org	anization			Emp	loyer identification number
	ILLINOI	S LABORERS LEGIS	SLATIVE COMM	ITTEE	36-4001239
Part I-A	Complete if the org	anization is exempt und	der section $501(c)$	or is a section 527 of	organization.
	expenditures	ation's direct and indirect politic	cal campaign activities		543,500.
Part I-B	Complete if the ord	 janization is exempt und	der section 501(c)	(3)	
		incurred by the organization un-		· /	
	•	incurred by organization manag			
		n 4955 tax, did it file Form 4720		,	Yes No
	correction made?	,	, ,		Yes No
b If "Yes,	" describe in Part IV				
Part I-C	Complete if the org	anization is exempt und	der section 501(c)	, except section 501	(c)(3).
1 Enter th	e amount directly expended	by the filing organization for se	ection 527 exempt fund	tion activities	3
2 Enter th	e amount of the filing organ	ization's funds contributed to of	ther organizations for s	ection 527	
exempt	function activities			▶ 9	\$
3 Total ex	empt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POL	-1	
line 17b)			▶ \$	Yes No
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
made p contribi	ayments For each organiza utions received that were pro	nployer identification number (E tion listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	id from the filing organi a separate political org	zation's funds Also enter t janization, such as a separ	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
 					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 II Part II-A Complete if the organ	LINOIS LA	BORERS LEG	ISLATIVE COM	MITTEE 36-4	001239 Page 2
(election under section		ipt under section	on soricits, and in	eu roini 5706	
	n belongs to an affil of excess lobbying e	xpenditures)	in Part IV each affiliated	group member's nam	e, address, EIN,
	on Lobbying Exper	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (c	rass roots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	-	, (=,),			
d Other exempt purpose expenditures	,				
e Total exempt purpose expenditures (a	add lines 1c and 1d)			· <u></u>
f Lobbying nontaxable amount Enter t			oth columns		
If the amount on line 1e, column (a) or (b		ying nontaxable ar		» (· · · ·	
Not over \$500,000		he amount on line 1			
Over \$500,000 but not over \$1,000,00			cess over \$500,000		
Over \$1,000,000 but not over \$1,500	_		cess over \$1,000,000		
Over \$1,500,000 but not over \$17,000			ess over \$1,500,000	,	. * "
Over \$17,000,000	\$1,000.0		*****		
			J	A Commence	The second
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a if zero o					
i Subtract line 1f from line 1c If zero or					
J If there is an amount other than zero	•	ine 1i, did the organi	zation file Form 4720		<u> </u>
reporting section 4911 tax for this yea					Yes No
(Some organizati	4-Year Ave		r Section 501(h) on do not have to com nes 2a through 2f on p		
	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount				;	
b Lobbying ceiling amount (150% of line 2a, column(e))		, might some			
c Total lobbying expenditures					
d Grassroots nontaxable amount	A NOR OF THE SECOND OF		ļ	100 m	
e Grassroots ceiling amount (150% of line 2d, column (e))				**** * * ****** * **	
6 Cracerate lebburg companditure				-	

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 ILLINOIS LABORERS LEGISLATIVE COMMITTEE 36-4001239 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)		
of th	e lobbying activity	Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	en est e	* * * *	~		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			* ~		
c d	Media advertisements? Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?			-		
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			· · · · - · · · · · · · · · · · · · · ·		
"	Other activities?		-			
j	Total Add lines 1c through 1i	A.M. 6 (\ 7	- 4			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()	(F)			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
Pai	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	3 (5) or se	ction_		
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical				
	expenses for which the section 527(f) tax was paid).		"			
	Current year		2a			
	Carryover from last year		2b			
_	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c		_	
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	,,,,,,	3			
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?	political	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t,IV Supplemental Information		<u>v</u>			
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II-A, and	Part II-B, lır	ne 1 Also,	complete	
	part for any additional information				•	
PA:	RT I-A, LINE 1:					
<u>SU</u>	PPORT AND AID IN LEGISLATION AND REGULATIONS FAVOR	ABLE TO	THE			
a.	JECTIVES OF THE COMMITTEE.					
ODI	DECITABLE OF THE COMMITTIES.					
			_			

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011 Open to Rublic Inspection

Name of the organization

Employer identification number

	ILLINOIS LABORERS			36-4001239
Pa	t 🗠 Organizations Maintaining Donor Advis	ed Funds or Other	Similar Funds or <i>I</i>	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, III	ne 6		
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advised fu	nds
	are the organization's property, subject to the organization's	s exclusive legal control	?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that	grant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for	any other purpose confe	erring
	impermissible private benefit?			Yes No
Pa	t-II Conservation Easements. Complete if the o	rganization answered "\	es" to Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organiza			
	Preservation of land for public use (e.g., recreation or		eservation of an historica	ally important land area
	Protection of natural habitat	· —	eservation of a certified h	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation conti	bution in the form of a c	conservation easement on the last
	day of the tax year			
	•			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic si	tructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not	on a historic structure	
	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, o	or terminated by the orga	inization during the tax
	year ▶		, ,	· ·
4	Number of states where property subject to conservation e	asement is located		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspe	ection, handling of	
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conserv	ation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirem	ents of section 170(h)(4)((B)(ı)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conserva	ition easements in its re	venue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial stateme	nts that describes the or	rganization's accounting for
	conservation easements			
Pa	tallia Organizations Maintaining Collections	of Art, Historical T	reasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report I	ı its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or r	esearch in furtherance o	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc	ribes these items		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its	revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items			
	(ı) Revenues included in Form 990, Part VIII, line 1			\$
	(II) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical tr	easures, or other similar	assets for financial gain	, provide
	the following amounts required to be reported under SFAS		_	
а	Revenues included in Form 990, Part VIII, line 1	-		▶ \$
b	Assets included in Form 990, Part X			► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

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		S LABORERS								Page 2
Par	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures	, or Oth	er Sim	ilar Asse	ts (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following t	hat are a s	significai	nt use of its	collection	ı ıtems
	(check all that apply)									
а	Public exhibition	d	ı 🖳	Loan or exc	hange pro	grams				
b	Scholarly research	е	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	in how th	hey further ti	he organız	ation's exe	mpt pu	rpose in Pai	t XIV	
5	During the year, did the organization solicit or					ther simila	r assets			
- V 9800	to be sold to raise funds rather than to be ma						_		Yes	No
Par	ttilV Escrow and Custodial Arrang		ete if the	e organizatio	n answere	ed "Yes" to	Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	•	_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other	assets no	t include	ed	_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						10	;		
d	Additions during the year						10	L		
e	Distributions during the year						16			
f	Ending balance						11	<u></u>		
	Did the organization include an amount on Fo	orm 990, Part X, line	21?						_ Yes	∟ No
	If "Yes," explain the arrangement in Part XIV									
Par	rt V 3 Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Pa	art IV, line	10			
	-	(a) Current year	(b) F	rior year	(c) Two y	ears back	(d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance								* * *	1, 2, 2, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
b	Contributions								2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
С	Net investment earnings, gains, and losses				<u> </u>				A WARRY S.	
d	Grants or scholarships				ļ				1 3 AP 13 S	<u> </u>
е	Other expenditures for facilities									\$ 500 E 1 E 100 E
	and programs									***
f	Administrative expenses								3 50 3 6876 ° 57	
g	End of year balance		L		<u> </u>				WA703	
2	Provide the estimated percentage of the curr	ent year end balanc	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
¢	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	ınd admını	stered for t	the orga	nızatıon	г	
	by									Yes No
	(ı) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the					·····				
Par	ht VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			or other	1 ' '	ccumul		(d) Book	value
		basis (investr	nent)	Dasis	(other)		preciati			
	Land				_	'E	J. 12,13	264.4		
b										
C	Leasehold improvements					+				
	Equipment				_					
e	Other (2)			(5)						

► 0 . Schedule D (Form 990) 2011

18

132053 01-23-12

	dule D (Form 990) 2011 ILLINOIS LABORERS LEGISLATIV			36-400	01239	Page 4
65 MAG	Tt:XI Reconciliation of Change in Net Assets from Form 990 to Au			ments	006	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u>	1			902.
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	2			345.
3	Excess or (deficit) for the year Subtract line 2 from line 1	<u> </u>	3		334,	<u>557.</u>
4	Net unrealized gains (losses) on investments	<u> </u>	4			
5	Donated services and use of facilities	 	5			
6	Investment expenses	P	5			
7	Prior period adjustments	-	7			
8	Other (Describe in Part XIV)		3			
9	Total adjustments (net) Add lines 4 through 8	ļ 	9		224	
10 Par	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements	<u> </u>	o∣ eperR	eturn	334,	<u>557.</u>
1	Total revenue, gains, and other support per audited financial statements			1	996.	902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а		2a				
b		2b		2		
С		2c				
d		2d		*		
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	996	902.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			2 7.5 2 7.5	<u> </u>	3021
a		4a				
b		4b				
c	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	996.	902.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statemen	ts With Expens	es per			
1	Total expenses and losses per audited financial statements		· · · · · · · · · · · · · · · · · · ·	1	662,	345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			· ****		
а		2a		*		
b	·	2b				
С	- · · ·	2c	_	,		
d	F	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	662,	345.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		355		
С	Add lines 4a and 4b			4c		0.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	662,	345.
Pai	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete					4, Part
			.			
			-			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Employer identification number ILLINOIS LABORERS LEGISLATIVE COMMITTEE 36-4001239 FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: POLITICAL COMMITTEE FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED WITH THE CHAIRMAN OF THE BOARD AND THE ADMINISTRATOR. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS DISTRIBUTED TO THE TRUSTEES AT THE ANNUAL MEETING IN DECEMBER AND A SIGNOFF SHEET IS COMPLETED. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. FORM 990, PART XII, LINE 1 THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING.